

CONFIDENTIAL

Disaster-related Mortality Surveillance Form
Email to dshsplanning@dshs.texas.gov or fax to (512) 458-7431
FAX to: (512) 458-7431
Complete one form per decedent

Part I Deceased information		
1. Case / medical record number: _____	2. Name: <input type="checkbox"/> Unknown First _____ Middle _____ Last _____	
3. Date of Birth: ____/____/____ (MM/DD/YY) <input type="checkbox"/> Unknown	4. Age in years: ____ <input type="checkbox"/> < 1 yr <input type="checkbox"/> Unknown	
5. Residence of decedent: Address _____ City _____ State _____	6. Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	7. Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other race
8. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undetermined	9a. Date of Death: (MM/DD/YY) ____/____/____ <input type="checkbox"/> Unknown 9b. Time of Death: <input type="checkbox"/> ____ (24 hr clock) <input type="checkbox"/> Unknown	10. Date of body recovery (MM/DD/YY) ____/____/____ <input type="checkbox"/> Unknown
11. Place of death or body recovery (circle): <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other person's home <input type="checkbox"/> Prison or detention center <input type="checkbox"/> Nursing Home / long term care facility <input type="checkbox"/> Evacuation Center/shelter <input type="checkbox"/> Hotel /motel <input type="checkbox"/> Street/Road <input type="checkbox"/> Vehicle <input type="checkbox"/> Hospital <input type="checkbox"/> Hospice facility <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) _____		
12. Location of death or body recovery (circle): City _____ County _____ State _____	13. Was the individual paid or volunteer worker involved in disaster response? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Part II Probable Cause and Circumstance of death (check one that best applies)		
14. Cause of death— Injury <input type="checkbox"/> Drowning <input type="checkbox"/> Electrocution <input type="checkbox"/> Lightning <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> driver <input type="checkbox"/> occupant <input type="checkbox"/> unknown <input type="checkbox"/> Pedestrian/bicyclist struck by vehicle <input type="checkbox"/> Structural collapse <input type="checkbox"/> Fall <input type="checkbox"/> Cut/struck by object/tool <input type="checkbox"/> Poisoning/ toxic exposure: <input type="checkbox"/> CO exposure <input type="checkbox"/> Inhalation of other fumes/smoke, dust, gases <input type="checkbox"/> Ingestion of drug or substance <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Suffocation/asphyxia <input type="checkbox"/> Burns (flame or chemical) <input type="checkbox"/> Firearm/gunshot <input type="checkbox"/> Heat (e.g., hyperthermia, dehydration) <input type="checkbox"/> Cold (e.g., hypothermia) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown cause of injury	15. Cause of death— Illness <input type="checkbox"/> Neurological disorders <input type="checkbox"/> Respiratory illness or disease <input type="checkbox"/> Cardiovascular illness or disease <input type="checkbox"/> Renal failure <input type="checkbox"/> GI and endocrine <input type="checkbox"/> Sepsis <input type="checkbox"/> Allergic reaction <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown cause of illness 16. Cause of death: <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Pending <input type="checkbox"/> Unknown 17. Probable relationship of cause of death to disaster: <input type="checkbox"/> Direct <input type="checkbox"/> Possible <input type="checkbox"/> Indirect <input type="checkbox"/> Unrelated	18. Probable manner/intent of death: <input type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined 19. Circumstance of death: (free text)
Part III Reporting Person and Agency		
Contact Person: _____	Agency: _____	Telephone: _____
		Date of report completed: ____/____/____ (MM/ DD/ YY)

Disaster-related Mortality Surveillance Form

(General instructions for completion of mortality form)

Deceased Information

- Q1.** Case/ Medical record number— As appears in facility record
- Q2.** Names: First, Middle, and Last name
- Q3.** Date of birth — Date of birth in MM/DD/YY format
- Q4.** Age in years— Age in years, if age is less than one year please check the appropriate box
- Q5.** Residence of decedent— Decedent’s address, city, and state of residence
- Q6.** Ethnicity— Hispanic or non-Hispanic category
- Q7.** Race: Select one or more of the racial category.
- Q8.** Gender— Male, female
- Q9a.** Date of death— Date of death in MM/DD/YY format
- Q9b.** Time of death— Enter the exact or estimated time and minute according to 24- hour clock
- Q10.** Date of body recovery: Date body taken from place of death in MM/DD/YY format.
- Q11.** Place of death or body recovery— Place where deceased was physically located at the time of death. Indicate either location of death or location of body recovery by circling “death” or “body recovery.”
- Q12.** Location of death— City, county, and state of death. Indicate either location of death or location of body recovery by circling “death” or “body recovery.”
- Q13.** — Refers to work related deaths, this include volunteers deployed for disaster response.

Cause and Circumstance of Death	<p>Q14. Cause of death/ injury: Record the mechanism that best describes the death. Record other and specify if the cause is not listed, but is known.</p> <ul style="list-style-type: none"> ▪ Drowning— Includes but not limited to accidental drowning while in natural/flood water or following fall into natural/flood water. ▪ Electrocution—Includes but not limited to exposure to electric transmission lines or other unspecified electric current. ▪ Lightning—Includes death related to thunder or lightning ▪ Motor vehicle occupant/driver—Identify if driver or occupant. Includes collisions relating to land transport accidents (e.g., car, motorcycle) ▪ Pedestrian/bicyclist struck by vehicle—Includes collisions involved non-motorized road users with motorized vehicles during the disaster period. ▪ Structural collapse—Included but not limited to building or shelter collapse ▪ Fall—includes but not limited to falls on same level from slipping or tripping; falls involving ice and snow; falls from trees, bed, stairs, roofs, ladders, etc. ▪ Cut/ struck by object/tool—Includes but not limited to contact or collision with inanimate objects that results in a physical damage and causes death ▪ Poisoning/ toxin exposure— Includes accidental poisoning by and exposure to liquids or gases and ingestion of drugs or substances. ▪ Suffocation— Includes but not limited to mechanical or oxygen depleted environment ▪ Burn- Includes but not limited to chemical, fire, hot object or substances contact ▪ Firearm/gunshot— Firearm injuries, including self-inflicted ▪ Heat related injury—Includes excessive heat as he cause of heat stroke, hyperthermia, dehydration, or others ▪ Cold related injury—Includes excessive cold as the cause of hypothermia <p>Q15 Cause of death/ illness— Record the cause that best describes the disease process. If other, please specify.</p> <ul style="list-style-type: none"> ▪ Neurological disorders—Includes but not limited to CNS infectious disease, seizure disorder, intracerebral hemorrhage, cerebral infarction and stroke ▪ Respiratory illness or disease —Includes but not limited to COPD, pneumonia, asthma and pulmonary embolism ▪ Cardiovascular illness or disease —Includes but not limited atherosclerotic cardiovascular disease, heart failure ▪ Renal failure—Includes kidney failure and other disorders of the renal system ▪ GI and endocrine—Includes but not limited to upper and lower GI bleeding, jaundice, hepatoma and pancreas ▪ Sepsis—Includes systemic infection ▪ Allergic reaction— Topical or systemic reaction including anaphylactic shock <p>Q16. Cause of death:</p> <ul style="list-style-type: none"> ▪ Confirmed—If the cause of death was certain and confirmed by a ME/justice of the peace ▪ Probable—If there is uncertainty to confirm the case ▪ Pending—If the case is subject for further investigation <p>Q17. Relationship</p> <ul style="list-style-type: none"> ▪ Direct —refers to a death caused by the environmental force of the disaster (e.g., wind, rain, floods, or earthquakes) or by the direct consequences of these forces (e.g., structural collapse, flying debris). ▪ Indirect— refers to unsafe or unhealthy conditions, or conditions that cause a loss or disruption of usual services that contributed to the death. Unsafe or unhealthy conditions may include but are not limited to hazardous road conditions, contaminated water supplies, scattered debris. Disruptions of usual services may include but are not limited to utilities, transportation, environmental protection, medical care or police/fire . ▪ Possible— refers to a death that occurred in the disaster-affected area during the disaster period. The cause of death appears to be directly-related or indirectly-related to the event but for which there is inadequate information available to make that determination at the time of recovery. ▪ Unrelated— refers to a death with no relationship to the disaster <p>Q18. Manner/intent of death—Record the category that best describes the manner/intent of death</p> <p>Q19. Circumstances of death: Describe, in free text, the circumstances of the death; what happened?</p>
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Reporting Person/ Agency	<p>Contact Person and Telephone: Name of reporting person and telephone</p> <p>Agency: Agency that provided the information</p> <p>Date of report completed: Date of the survey form completed in MM/DD/YY format</p>
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